24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E) FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)					
	WOMEN SPEAK OUT PAC				
				C C00530766	
Check if X 24-hour report 48-hour report New report Amends report filed on					
	Full Name of Payee		Date o	f Public Distribution/Dissemination	
1	The Lukens Company			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
-	ailing Address 2800 Shirlington Rd		L	11 01 2022	
ı	3 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		Amour	nt	
	City State	Zip Code		17716.35	
L	Arlington VA	22206		action ID : SE.44877 f Disbursement or Obligation	
	Purpose of Expenditure Mailer	Category/ Type		11 02 / Y Y Y Y	
	Name of Federal Candidate	Support	Office Sought	: X House District: 27	
L	SMITH, CHRISTY, , ,	x Oppose	Preside	nt Senate State: CA	
	Calendar Year-To-Date Per Election for Office Sought	43121.15	Disbursement 2022 Ot	For: Primary ★ General her (specify) ▶	
	Full Name of Payee		Date o	of Public Distribution/Dissemination	
1			М	"M / D "D / Y "Y "Y "Y	
	Mailing Address				
			Amour	nt	
	City State	Zip Code			
1			Date o	of Disbursement or Obligation	
	Purpose of Expenditure	Category/	Date		
ı		Type	_ _ L		
	Name of Federal Candidate	Support	Office Sought	t: House District:	
1		Oppose	Preside	ent Senate State:	
	Calendar Year-To-Date		Disbursement	For: Primary General	
	Per Election for Office Sought		Of	ther (specify) -	
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
		ically Filed] Date	M M /	02 / Y = Y = Y = Y = Y = Y	
	Signature				